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**\*BIBDATASHEET\***

CONFIRMATION NO. 3555

Bib Data Sheet

SERIAL NUMBER 10/632,649	FILING DATE 07/31/2003  RULE	CLASS 370	GROUP ART UNIT 2663	ATTORNEY DOCKET NO. NUASI-00102
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APPLICANTS

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**\*\* CONTINUING DATA \*\*\*\*\***  
 This appln claims benefit of 60/404,076 08/16/2002  
 and claims benefit of 60/435,974 12/20/2002  
*Yes, NY*

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***  
*None, NY*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED **\*\* SMALL ENTITY \*\***  
**\*\* 10/28/2003**

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <i>AB</i> Examiner's Signature _____ Initials _____	STATE OR COUNTRY TX	SHEETS DRAWING 4	TOTAL CLAIMS 74	INDEPENDENT CLAIMS 4
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TITLE  
 High availability VoIP subsystem

FILING FEE RECEIVED 1262	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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